Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

MM - 244 DIV

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(1					RATE	FEE] [RATE	FEE
FORW amul a			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		· O			X\$ 9=		OR	X\$18=	<u>·</u>
INDEPENDENT CLAIMS			2 mi	inus 3 =	* 6			X40=		OR	X80=	
MU	LTIPLE DEPEN	RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	ero, ente	r "0" in c	olumn 2		TOTAL	<u> </u>	OR	TOTAL	7/0	
CLAIMS AS AMENDED -					- PART II				<u> </u>] •	l	THAN:
(Column 1)				(Colu		(Column 3)		SMALL	ENTITY OR		SMALL ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total 1	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	·	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DE		PENDENT CLAIM				+135=	N 4, 4		+270=		
				\$				TOTAL		OR	TOTAL	
			<u>.</u> :					ADDIT. FEE	0	JOR	ADDIT. FEE	
AMENDMENT		(Column 1)			mn 2) HEST	(Column 3)	1			Val		
		REMAINING AFTER AMENDMENT		NUN PREVI	IBER	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		RATE	ADDI: TIONAL EEE
	Total		Minus	**	•	=		X\$ 9=		OR	. X\$18=	10 * 1
	Independent	•	Minus	***		= ;		X40=	\$ ()	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE D			PENDENT CLAIM								
								+135=		OR	+270=	
	••	•					TOTAL ADDIT. FEE		OR.	TOTAL ADDIT. FEE		
		(Column 2) (Column 3)			•	•						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		ŅUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
	Total	*	Minus	**	* *	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	 	=	1	X40=			X80=	
	FIRST PRESE	ULTIPLE DE	PENDEN	T CLAIM			740=		OR	⊼60 =		
		,			#0 *			+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nun	mber Previously Pa nber Previously Pa	aid For" (Total o	or Independ	is less tha lent) is the	an 3, enter "3." e highest numbe	er fou	and in the app	propriate box	x in col	umn 1.	